Pace Analytical

CHAIN-OF-CUSTODY / Analytical Request | WO#: 1288131

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields m PM: NMW

Section C

Due Date: 06/09/17

CLIENT: USS CORP

Company: Section A
Required Client Information: Requested Due Date: Mt. Iron, MN 55768 Address: WS-002 Scrubber Make-Up WS-003 Thickner Overflow P.O. Box 417 USS Corporation Sample lds must be unique One Character per box. (A-Z, 0-91, -) SAMPLE ID Fax MATRIX
Drinking Water
Waste Water
Product
Scal/Solid
Od
Wipe
Air
Other
Tissue Purchase Order #. Required Project Information:
Report To: Tom Moe Project Name: Copy To: TOT ARE CO Moel ≨ MATRIX CODE (see valid codes to left) ₹ SAMPLE TYPE (G=GRAB C=COMP) NPDES-LINE 3 Wkly START Mess I M M COLLECTED SIGNATURE OF SAMPLER: PRINT Name Af SAMPLER:---DATE SH80 2000 8 S100 11/20/2 SAMPLE TEMP AT COLLECTION # OF CONTAINERS Pace Profile #: Pace Project Manager: Pace Quote: Address; Company Name: Attention: Invoice Information: Unpreserved 中のどれい H2SO4 ниоз Preservatives HCI NaOH Na2S2O3 heather.zika@pacelabs.com Methanol And lyster (rost) Y/N O O LAB FILTERED: SO4 DATE Signed × × Lab FILTERED: Ca,Mg,Har Sesm S (S) TEMP in C Residual Chlorine (Y/N) Received on ᄕ 두,두 ice (Y/N) Custody 2067 \underline{g} Sealed S Cooler (Y/N) Samples 2 Intact

(Y/N)

ITEM#



FECAL WAIVER ON FILE

Document Name:

Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.10

Document Revised: 15Mar2016 Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office

Sample Condition Client Name:			Project #	# <u>* </u>
Upon Receipt			,	WO#:1288131
Courier: Fed Ex UPS Commercial Pace Tracking Number:	USPS		lient	PM: MMW Due Date: 06/09/17 CLIENT: USS CORP
Custody Seal on Cooler/Box Present?	lo.	Soals Ir	ь+эл+ э Г	Yes No Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble Bag	s /N	one _	Other:	Temp Blank? Yes No
Thermometer Used: 140792808	Type of	ce: 🖵	Wet [Blue None Samples on ice, cooling process has begun
Cooler Temp Read °C: Cooler Temp Co Temp should be above freezing to 6°C Correction Factor	rrected °(01 43		Biological Tissue Frozen? Yes No NA Initials of Person Examining Contents: 5-25 77 NOT Comments:
Chain of Custody Present?	⊠Yes	□No	□N/A	1.
Chain of Custody Filled Out?	Yes	□No	□n/a	2.
Chain of Custody Relinquished?	Yes	□No	N/A	3.
Sampler Name and Signature on COC?	Yes	□No	□n/a	4.
Samples Arrived within Hold Time? Short Hold Time Analysis (<72 hr)?	☑Yes □Yes	□No □No	□n/a	5. If Fecal:
Rush Turn Around Time Requested?	Yes	No	□N/A	7.
Sufficient Volume?	Yes	□No	□N/A	8.
Correct Containers Used?	Yes	□No	□N/A	9.
-Pace Containers Used?	Yes	□No	□N/A	
Containers Intact? .	Yes	No	□N/A	10.
Filtered Volume Received for Dissolved Tests?	Z Yes_	□No	N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	Yes	□No	□N/A	12.
-Includes Date/Time/ID/Analysis Matrix:				
All containers needing acid/base preservation will be checked and documented in the pH logbook.	∐Yes	□No	ZÎN/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	Yes	□No	ZN/A	13.
Headspace in VOA Vials (>6mm)?	Yes	□No	ZN/A	14.
Trip Blank Present?	∐Yes	□No	ZN/A	15.
Trip Blank Custody Seals Present?	Yes	□No	M/A	
Pace Trip Blank Lot # (if purchased):			/	
CLIENT NOTIFICATION/RESOLUTION				Field Data Required? Yes No
Person Contacted:				Pate/Time:
Comments/Resolution:				

Project Manager Review:

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)

F6MPERATURE WAIVER ON FILE